



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS

Name of the facility exactly as stated on the license or certificate			License/Certificate #	
Street Address of the Facility	City	Zip Code + 4	County	

_____ may go to the following locations off the premises **with** adult supervision:
First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

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Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY:
I hereby authorize my **school age child** _____
First and Last Name of Child or Youth Birth Date MM/DD/YYYY

to walk to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	